

Exhibit C

PIERCE & ASSOCIATES
ATTORNEYS AT LAW
Suite 1300
1 North Dearborn
Chicago, Illinois 60602
(312) 346-9088

September 16, 2013

GRITTERS, DONNA M.

RE: 3018 182ND PLACE, LANSING, IL 60438
Loan #: 0608186508-FNF

Dear GRITTERS, DONNA M.

We are writing to let you know that you may be eligible for certain opportunities that might be available concerning the mortgage. You may have had an unexpected expense or a circumstance beyond your control which forced you to miss mortgage payments. If this is the case, NATIONSTAR MORTGAGE LLC F/K/A CENTEX would like to discuss your situation with you and determine what alternatives are available to avoid foreclosure. These alternatives are voluntary and might include:

- **Repayment Plan:** The amount past due on your loan would be spread out over a certain time period.
- **Modification:** A loan modification is a written agreement between you and the lender/servicer that permanently changes the terms of the loan.
- **Deed In Lieu of Foreclosure:** With this alternative, you would transfer ownership of your home to the lender/servicer. You would be given a short period of time to move from your home. You would not owe any more money to the lender/servicer.
- **Reinstatement of Your Loan:** You would pay the total amount past due in one Lump sum.
- **Pre-foreclosure sale:** This means that your property would be sold by you prior to the foreclosure. If the value is less than the total due, we may agree to accept the sale proceeds to satisfy some or all of the amount you owe.

We strongly recommend that you consult an attorney to preserve your legal rights.

NATIONSTAR MORTGAGE LLC F/K/A CENTEX may have previously sent you a letter advising you of possible alternatives to foreclosure, along with the documents for you to complete and return to NATIONSTAR MORTGAGE LLC F/K/A CENTEX to be evaluated for these alternatives. If you did not receive or no longer have documents, or have not returned all of the documents, please contact NATIONSTAR MORTGAGE LLC F/K/A CENTEX at: (866) 316-2482.

Once NATIONSTAR MORTGAGE LLC F/K/A CENTEX has evaluated your information, you will be contacted regarding options and next steps. If you need assistance, contact NATIONSTAR MORTGAGE LLC F/K/A CENTEX at (866) 316-2482

If your previous loan modification has been denied and you are contemplating an appeal or have a pending appeal of this denial, you may submit a loan modification application in lieu of the appeal within 30 days from the date of this letter. A loan modification application may not be permitted if the denial was due to an (1) an ineligible mortgage, (2) an ineligible property, (3) an offer was not accepted by you or you withdrew your request, or (4) your loan was previously modified.

Sincerely,

Pierce & Associates, P.C.
Attorneys at Law

YOU ARE HEREBY NOTIFIED THAT THIS COMMUNICATION IS AN ATTEMPT TO COLLECT A DEBT. ALL INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. IF THE DEBT WAS DISCHARGED IN A BANKRUPTCY AND NOT REAFFIRMED, THEN THIS IS NOT AN ATTEMPT TO COLLECT A PERSONAL DEBT BUT IS FOR INFORMATIONAL PURPOSES ONLY CONCERNING THE REAL ESTATE.

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PIERCE & ASSOCIATES
ABOGADOS
Suite 1300
1 North Dearborn
Chicago, Illinois 60602
(312) 346-9088

September 16, 2013

GRITTERS, DONNA M.

RE: 13018 182ND PLACE, LANSING, IL 60438
Loan #: 0608186508-FNF

Dear GRITTERS, DONNA M.

El proposito de esta notificacion es para comunicarles que tienen algunas opciones para que su hipoteca este al corriente. Ay varias circunstancias por las cual uno puede atrasarse en sus pagos de hipoteca. Si este es el caso, NATIONSTAR MORTGAGE LLC F/K/A CENTEX le gustaria platicar sobre la situacion y sobrepasar con usted las varias alternativas disponibles que pudieran ayudar a evadir procedimiento legal. Estas alternativas son voluntarias y incluyen lo siguiente:

- . **Plan De Pago:** La cantidad que se debe para ponerse al corriente será dividida a través de un periodo de tiempo determinado por la institución financiera/prestamista.
- . **Modificacion:** Una modificacion de prestamo es un acuerdo escrito entra usted y la institucion financiera/prestamista que permanentemente cambiaria los terminos de el prestamo
- . **Titulo En Lugar De Derecho Hipotecario:** Con esta alternative, usted pasaria la posesion legal de la propeidad a nombre de la institucion financciera/prestamista. Se le permitiria un tiempo corto para desocupar la propiedad. Su deuda quedara soldada, no deberia nada mas a la institucion financiera/prestamista.
- . **Restauracion De Prestamo:** Usted pagaria el total de la cantidad debida en un solo pago.
- . **Venta Pre-Derecho:** Este termino quiere decir que usted venderia la propiedad antes de que se appliqué la Accion de Derecho (procedimiento legal). Si el valor es menos de el total de la deuda, nosotros podriamos aceptar las ganancias de la venta para satisfacer la deuda en parte o en total.

Le sugerimos que consulte con un abogado para preservar sus derechos legales.

Es posible que previamente NATIONSTAR MORTGAGE LLC F/K/A CENTEX le haya mandado una carta avisándole de posibles alternativas de un embargo, junto con los documentos que debería de completar y regresar a NATIONSTAR MORTGAGE LLC F/K/A CENTEX para que sean evaluadas para estas alternativas. En caso de que usted no haya recibido o no tenga esos documentos, o no ha regresado todos los documentos, por favor comuníquese con NATIONSTAR MORTGAGE LLC F/K/A CENTEX al (866) 316-2482.

Al tiempo que NATIONSTAR MORTGAGE LLC F/K/A CENTEX haya evaluado la información, usted será contactado referente a las opciones y pasos a seguir. Si necesita asistencia puede llamar a [nombre de institución financiera/prestamista al número (866) 316-2482.

Si anteriormente su aplicación para una modificación de préstamo fue negada y está contemplando apelar la decisión, y la apelación está pendiente, usted puede someter los documentos financieros requeridos en espera de su apelación dentro de 30 días de recibir esta notificación. Una solicitud de modificación de préstamo puede no estar permitida si la negación fue debido a (1) una hipoteca inelegible, (2) una propiedad no elegible, (3) una oferta que no fue aceptada por usted o usted retiró su petición, o (4) su préstamo fue modificado previamente. Una vez que Homeward haya evaluado su información, usted será contactado sobre opciones y los próximos pasos a tomar. Si necesita ayuda, póngase en contacto con Homeward al 877-304-3100. Los horarios de operación son de Lunes a Viernes de 8:00am thru 5:00pm tiempo Central.

Sinceramente,

Pierce & Associates
Abogados

ESTA NOTIFICACION ES PARA COMUNICARLE QUE ESTO ES UN INTENTO PARA COLECTAR UNA DEUDA. TODA LA INFORMACION OBTENIDA SERA USADA PARA ESE PROPOSITO. SI LA DEUDA ES SOLDADA EN BANCAROTA Y NO ES REAFIRMADA, ENTONCES ESTO NO ES UN INTENTO DE COLECTAR UNA DEUDA PERSONAL, PERO ESTO ES PARA PROPOSITO DE DAR INFORMACION REFERENTE A BIENES Y RAICES.

1324188

UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intention to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number _____ (usually found on your monthly mortgage statement)

Servicer's Name _____

I want to: ☐ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

The property is currently: ☐ My Primary Residence ☐ Second Home ☐ An Investment Property

The property is currently: ☐ Owner Occupied ☐ Renter Occupied ☐ Vacant

BORROWER**CO-BORROWER**

BORROWER'S NAME _____

CO-BORROWER'S NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

HOME PHONE NUMBER WITH AREA CODE _____

HOME PHONE NUMBER WITH AREA CODE _____

CELL OR WORK NUMBER WITH AREA CODE _____

CELL OR WORK NUMBER WITH AREA CODE _____

MAILING ADDRESS _____

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) _____

EMAIL ADDRESS _____

Is the property listed for sale? ☐ Yes ☐ No

If yes, what was the listing date? _____

If property has been listed for sale, have you received an offer on the property? ☐ Yes ☐ No

Date of offer: _____ Amount of Offer: _____

Agent's Name: _____

Agent's Phone Number _____

For Sale by Owner? ☐ Yes ☐ No

Have you contacted a credit counseling agency for help?

☐ Yes ☐ No

If yes, complete the counselor contact information below:

Counselor's Name: _____

Agency's Name: _____

Counselor's Phone Number: _____

Counselor's Email Address: _____

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No

Total Monthly payment amount: _____ Name and Address fees are paid to? _____

Have you filed for bankruptcy? ☐ Yes ☐ No If yes? ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

If yes, what is the filing date? _____ Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy case Number: _____

Is any borrower an active duty service member? ☐ Yes ☐ No

Has any borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? ☐ Yes ☐ No

Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? ☐ Yes ☐ No

UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wage:		First Mortgage Payment		Checking Account(s)	
Overtime		Second Mortgage Payment		Checking Account(s)	
Child support / Alimony*		Homeowner's Insurance		Savings / Money Market	
Non-taxable social security/SSDI		Property Taxes		CDs	
Taxable SS benefits or other monthly income from annuities or retirement plans		Credit Cards/ Installment Loan(s) (total minimum payment per month)		Stock / Bonds	
Tips, commission, bonus and self-employed income		Alimony, child support payments*		Other Cash on Hand	
Rents Received		Car Lease Payments		Other Real Estate (estimated value)	
Unemployment Income		HOA/Condo Fees/Property Maintenance		Other	
Food stamps/ Welfare		Mortgage Payments on other properties			
Other		Other			
Total Gross Income)		Total Household Expenses and Debt Payments		Total Assets	

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

Lienholder's Name	Balance and Interest Rate	Loan Number	Lienholder's Phone Number

Required Income Documentation

<input type="checkbox"/> Do you earn a salary or hourly wage? For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).	<input type="checkbox"/> Are you self-employed? For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.
<input type="checkbox"/> Do you have any additional sources of income? Provide for each borrower, as applicable: "Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime: <input type="checkbox"/> Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income). Social Security, disability or death benefits, pension, public assistance, or adoption assistance: <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. Rental Income: <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E--Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable; or <input type="checkbox"/> If rental income is not reported on Schedule E - Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent. Investment Income: <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income. Alimony, child support, or separation maintenance payments as qualifying income:* <input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment.	

*Note: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

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UNIFORM BORROWER ASSISTANCE FORM

HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe my situation is: ☐ Short-term (under 6 months) ☐ Medium-term (6 - 12 months) ☐ Long-term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of the reason set forth below:
(Please check the primary reason and submit required documentation demonstrating your primary hardship)

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical Bills None of the above shall require providing detailed medical information
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer/ Relocation	For active-duty servicemembers: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

Gritters000494

UNIFORM BORROWER ASSISTANCE FORM**Borrower/Co-Borrower Acknowledgement and Agreement**

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
 - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender/servicer/ or authorized third party*. By checking this box, I also consent to being contacted by ☐ text messaging.

Borrower Signature

Date

Co-Borrower Signature

Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Home Affordable Modification Program Government Monitoring Data Form

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER		CO-BORROWER	
<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Information for Servicer			Name/Address of Interviewer's Employer
This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Servicer/Interviewer's Name (print or type) & ID Number	
		Servicer/Interviewer's Signature	
		Servicer/Interviewer's Phone Number (include area code)	
Loan Number: _____		Servicer/Interviewer's Fax Number (include area code)	Servicer/Interviewer's email address

Form **4506T-EZ**

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service**Short Form Request for Individual Tax Return Transcript**

OMB No. 1545-2154

Request may not be processed if the form is incomplete or illegible.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return				
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return				
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)					
4 Previous address shown on the last return filed if different from line 3 (See instructions)					
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. <table border="1"> <tr> <td data-bbox="191 800 935 898">Third party name</td> <td data-bbox="935 800 1435 898">Telephone number</td> </tr> <tr> <td colspan="2" data-bbox="191 898 1435 976">Address (including apt., room, or suite no.), city, state, and ZIP code</td> </tr> </table>		Third party name	Telephone number	Address (including apt., room, or suite no.), city, state, and ZIP code	
Third party name	Telephone number				
Address (including apt., room, or suite no.), city, state, and ZIP code					
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.					

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (Rev. 01-2011)

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party such as a mortgage company to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and after adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

If you filed an individual return and lived in:

Florida, Georgia
(After June 30, 2011, send your transcript requests to Kansas City, MO)

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999
816-292-6102

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 8 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Financial Worksheet

Borrower Name:

Loan #:

Monthly Expenses	
Child Care:	\$
Water/Sewer/Utilities/Phone:	\$ -
Medical (co-pays and perscriptions)	\$ -
Food:	\$
Auto expenses/auto insurance:	\$
Health insurance premiums (not withheld from pay)	\$
Life insurance premiums (if not withheld from pay)	\$

Signature:

Date:

Signature:

Date: